S. No. 2
M—8-43
5-17-39
P I X37823

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39771

FILED DEC 29 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10841

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 days (Specify whether years, months or days)

In this community 59 years 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 1325 Marcus
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Andrew Selby

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Colored

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 17, 1881 (Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 14 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER 12. Name George Selby

FATHER 13. Birthplace (City, town, or county) Ky. (State or foreign country)

MOTHER 14. Maiden name Unknown

MOTHER 15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Shirley M. Smith

(b) Address 2601 N. Whittier St.

17. (a) (Burial, cremation, or removal) (b) Date thereof DEC 21 1944 (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director V. B. Hudson

(b) Address City Health Dept

19. (a) DEC 20 1944 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1, year 1944 hour 2 minute 55 P.M.

21. I hereby certify that I attended the deceased from November 3, 1944 to December 1, 1944; that I last saw him alive on December 1, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial degeneration	Unk.
Coronary sclerosis (autopsy)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. K. Brenner (M. D. or other)

Address 2601 N. Whittier Date signed 12/11/44

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.